BENETIVE CENTER

JUN 27 2008 16:23 FR THOMSON LICENSING 609 734 6888 TO 815712738390N 27 2084

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			1		Complete if K			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			8). Applica	tion Number	10/523210			
FEE TRANSMITTAL			Filing C		January 27, 2005			
for FY 2007					ULRICH GRIES			
Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor ULRICH GRIES Examiner Name Jason D. Recek				
Applicant claims small entity status, occ 5, 511 (12)					2142			
TOTAL AMOUNT OF PAYMENT		(\$) 460.00	Art Uni	y Docket No.	PD020075			
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498								
☐ Check ☐ Credit Card ☐ Moncy Order ☐ None ☐ Other (please identify) :								
Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING CO.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Chame fee(s) indicated below, except for the filling fee								
Citating rector incomes across								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17								
WADNING: Information on this form may become public. Gredit card information and not be included on this form may become public.								
Information and authorization on PTO-2038.								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES STANCH FEES FXAMINATION FEES								
1, BASIC FILING, St	FILING	FEES	SEARCH		EXAMINAT			
		Small Entity	E/\$\	Small Enti Fee(\$)	<u>ity</u> 50 Fee(\$)	nall E Fee(\$		
Application Type	<u>Fee (\$)</u>		<u>Fee(\$)</u> 500	250	200	100		
Utility	300	150 100	100	50	130	65		
Design	200	100	300	150	160	80		
Plant	200	150	500	250	600	300		
Reissuc	300 200	100	0	0	0	0		
Provisional		100	•	_			Small Entity	
2. EXCESS CLAIM FEES Fee (\$)								
Fee Description 50 Each claim over 20 (including Reissues) 200								
Fact to demoderate along systems (including Reissues)								
Multiple dependent claims							itiple Dependent Claims	
Total Claims							ee (\$) Fee Paid (\$)	
-20 or H		_ ×	= -	_		•	OCTOR INCIDENT	
		paid for, if greater than 20 Claims Fee(\$)	Ea	e Paid (\$)		_		
Indep. Claims		<u>Claims</u> <u>Fee(\$)</u> x		H Palu (4)				
- 3 or H	of Independe		than 3.					
HP = highest number of independent stalms paid for, if greater than 3. 3. APPLICATION SIZE FEE								
to the second to charte of coper (excluding electronically filed sequence of computer								
Serious under 37 CFR 1 52(c)), the application size fee due is \$250 (\$125 for small citaty) for such assertion								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Total Sheets Extra Sheets Number of each additional 50 of traction theresis 100 = /50 = (round up to a whole number) x =								
Foos Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2-Month Ext. of Time							<u>\$460</u>	
SUBMITTED BY		1		T		Т		
Signature	Wil	C. Shorz		Registration No (Atterney/Agen			Telephone 509-734-883/12	
Name (PdnvType)	Deniel E. Sm	Jow /				- 1	Dato 27 Jun'08	

This collection of information is travirue by 37 cTR 4.155. This information is required to ablass or retains a benefit by the public which is to the (and by the USPTO to proceed) an application. Confidentiating the design of the confidence of th